

**New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369**

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY

Check No. _____ Amount _____
Date of Check _____
Trans. Number _____
Date of Trans. _____

A. IDENTIFICATION

| | | |
|------------------------|--------|----------------|
| Reporting Municipality | County | Date of Report |
|------------------------|--------|----------------|

B. LICENSE DATA

Include ALL license numbers, not just those for which fees are being submitted.

- Period covered from _____ to _____
- First license number this report. _____
- Last license number this report. _____
- Last license number last report this year. _____
- Total licenses issued this report (subtract No. 4 from No. 3). _____

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED

List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)

| # | License Number | Reason | # | License Number | Reason |
|----|----------------|--------|-----|----------------|--------|
| 1. | | | 6. | | |
| 2. | | | 7. | | |
| 3. | | | 8. | | |
| 4. | | | 9. | | |
| 5. | | | 10. | | |

D. PILOT CLINIC FUND

Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs:

Number _____ Amount \$ _____

E. ANIMAL POPULATION CONTROL FUND

Additional surcharge (\$3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs:

Number _____ Amount \$ _____

F. FEE DATA

- Total amount due for registration fee (\$1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge)\$ _____
- Total amount due for Pilot Clinic Fund (Section D)\$ _____
- Total amount due for Animal Population Control Fund (Section E)\$ _____
- Total amount due this report.....\$ _____

G. CERTIFICATION

I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.

| | | |
|----------------------|-------|--------------------------|
| Name (Print or Type) | Title | |
| Signature | Date | Daytime Telephone Number |